Utah Department of Health
Bureau of Emergency Medical Services
Trauma Center Designation
Box 142004
Salt Lake City, Utah 84114-2004

LEVEL IV TRAUMA CENTER
VERIFICATION APPLICATION FORM

Date of Application _____

Hospital Name & Address _____

_____

_____

Name and Phone Number of the Hospital Administrator _____

_____

_____

Current Trauma Center Designation Level if applicable _____

Date of Original Designation if applicable_____

Name(s) and Phone Number(s) for Hospital Personnel Coordinating Trauma Designation Activities _____

_____

_____

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HOSPITAL INFORMATION PACKET

☐ Submit a letter from the hospital administrator attesting to the continued commitment to comply with current Trauma Center Level IV designation standards.

Even though research is not a requirement, please submit a brief narrative report, if any, describing your hospital's trauma research activities for the previous year including protocols and publications.

I. Hospital Organization

A. Trauma Program

☐ *Attach vitae with the following information for the board certified general surgeon responsible for the overall organization and direction of the hospital Trauma Program.*

Name:
Residency: Board certification:
ATLS instructor/provider status, date of expiration:
Trauma CME: number CME hours in last three years - hours obtained intramurally/total trauma CME hours:
Frequency of trauma call per month:

B. Trauma Program Director

☐ *Attach vitae with the following information for your Trauma Program Director.*

Name:
Residency:
Board certification:
ATLS instructor/provider status, date of expiration:
Trauma CME: number CME hours in last three years - hours obtained intramurally/total trauma CME hours:
Frequency of trauma call per month:

C. Trauma Team

☐ *List the names and respective roles for each position on your Trauma Team.*

D. Trauma Team Qualifications

☐ *List the qualifications for physicians on the Trauma Team.*

E. Trauma Coordinator

☐ *Attach the Job Description for the Trauma Nurse Coordinator.*

☐ *Attach vitae with the following information for your Trauma Nurse Coordinator.*

Name:
School(s) of Nursing:
Degree(s) and State Licensure obtained:
Name of Trauma Nursing Course(s) obtained and dates of expiration:
Trauma CME: number CME hours in last three years - hours obtained intramurally/total trauma CME hours:
Frequency of trauma call per month:

F. Multidisciplinary Trauma Committee

☐ *List the names and respective roles for each members of the Multidisciplinary Trauma Committee.*

☐ *Have available for the site visit review a list of the hospital Multidisciplinary Trauma Committee issues dealt with which relate to quality improvement, policy development, communication among team members, standards of care, education, outreach programs and trauma prevention.*

II. CLINICAL COMPONENTS

☐ *Have available for the site visit review the hospital scheduling records for:*

(A) Emergency Medicine

A qualified physician who is available on-call from outside the facility may meet this requirement. A system must be developed to assure early notification of the physician on-call so that he can be present at the time of arrival of the trauma patient in the emergency department 95% of the time. This standard monitored by the QI process.

(B) General Surgery

The general surgeon on-call must be promptly available to respond to the trauma patient. However this level contemplates there may be only one surgeon in the community and may not be available at all times. During these periods when the surgeon is not available, the hospital must notify other facilities that routinely transfer patients to the Level IV Trauma center for emergency surgical services.

(C) Anesthesia

Anesthesia/CRNA must be promptly available with a mechanism established to ensure early notification of the on-call anesthesiologist. Local conditions must be established to determine when the anesthesiologist must be immediately available for airway emergencies and operative management. The availability of the anesthesiologist/CRNA and the absence of delays in airway control or operative anesthesia must be documented and monitored by the QI process.

The anesthesia availability requirement may be provided by a CRNA as long as physician supervision is provided by an anesthesiologist who is present in the operating suite during surgery. Local conditions must be established to determine when the CRNA must be immediately available for arriving emergencies and operative management. The availability of the CRNA and the absence in delays in airway control or operative anesthesia must be documented and monitored by the QI process.

☐ *also have available for the site visit review the hospital any on-call records for:*

*Internal Medicine **
*Radiology**
*Orthopedic Surgery**

*Obstetric/Gynecologic Surgery**

**Desirable, but not required for Level IV*

III. FACILITY STANDARDS

A. Emergency Department

☐ *Attach vitae with the following information for the Emergency Department Medical Director.*

Name:
Residency: Board certification:
ATLS instructor/provider status, date of expiration:
Trauma CME: number CME hours in last three years - hours obtained intramurally/total trauma CME hours:
Frequency of trauma call per month:

☐ *Have available for the site visit review the hospital ED staffing schedules.*

☐ *Have available for the site visit review documentation supporting the expertise of ED nursing staff.*

☐ *Have available for the site visit review documentation supporting hospital continuing education classes attended by the hospital ED nursing staff.*

☐ *Have available for the site visit review the hospita's policy(ies) establishing standards and procedures to ensure immediate and appropriate care for the adult and pediatric trauma patients.*

☐ *List the name and role for the ED Nurse Supervisor.*

B. Surgical Suites

☐ *List the name and role for the OR Nurse Supervisor.*

☐ *Have available for the site visit review documentation supporting the expertise of the hospital OR nursing staff.*

☐ *Attach a copy of the policy program which demonstrates the prioritization of the operating room for the emergent trauma patient during a busy operative schedule.*

☐ *Attach a copy of the policy which documents when the anesthesiologist or a CRNA must be available for airway emergencies and operative management of the trauma patient.*

C. Post Anesthesia Recovery Room (PAR)

☐ *List the name and role for the PAR Nurse Supervisor.*

☐ *Have available for the site visit review documentation supporting the expertise of hospital PAR nursing staff.*

☐ *Have available for the site visit review the 24 hours/day on-call list for PAR staffing.*

D. Intensive Care Unit

It is highly recommended that trauma patients requiring greater than 12 hours of ventilatory support should be transferred to a higher level of care. If a Level IV Trauma Center chooses to keep patients longer, they must meet the following standards:

D-1. ICU Medical Director

☐ *Attach vitae for ICU Medical Director.*

D-2. ICU Physician Coverage

☐ *Have available for the site visit review the schedules which document a physician with critical care expertise is promptly available to the ICU 24 hours/day.*

D-3. ICU Nursing Personnel

☐ *List the name and role for the ICU Nurse Supervisor.*

☐ *Have available for the site visit review documentation supporting the expertise of the hospital ICU nursing staff.*

IV. CLINICAL SUPPORT SERVICES

A. Radiological Service

☐ *Attach the vitae for Department of Radiology Administrator/Chair.*

☐ *Have available for the site visit the on-call lists, which document the availability of a radiologist for emergency procedures.*

☐ *Have available for the site visit the schedules which document a certified radiological technician is available 24 hours/day.*

☐ *List the name and role for the Radiology staff supervisor.*

B. Clinical Laboratory Service

☐ Attach the vitae for *Clinical Laboratory Service Administrator/Chair.*

☐ *List the name and role for the Clinical Laboratory staff supervisor.*

☐ *Have available for the on-site review visit the schedules which document a technician is available in-house and immediately available 24 hours/day.*

C. Social Service/Pastoral Care Support

☐ *List community resources available to meet the needs of the trauma patient.*

D. Rehabilitation

☐ *Attach a copy(ies) of the hospital's policy which defines plan(s) for integration of multidisciplinary rehabilitation into the acute and primary care of the trauma patient.*

☐ *Have available for the site visit review copies of rehabilitation transfer agreements.*

E. Outreach

☐ *Attach document listing professional educational programs co-sponsored with other trauma centers. List topics, dates, target audience and coordinating trauma centers.*

☐ *Attach document listing professional educational outreach programs your hospital has sponsored for prehospital care providers, nurses and physicians at the Level IV and Level V facilities in your region. List topics and dates.*

F. Prevention/Public Outreach

☐ *Attach document(s) listing your Trauma Prevention Programs aimed at professional staff and the public. Identify agencies, hospitals and professional groups involved in the coordination of these programs. List topics, dates, and target audiences.*

G. Transfer Protocol

☐ *Attach copies of interfacility transfer guidelines and transfer protocol agreements with speciality referral centers such as pediatrics, burn or spinal cord injury when these services are not available at your hospital.*

☐ *Attach copies of interfacility transfer guidelines and transfer protocol agreements for trauma patients.*

H. Quality Improvement/Evaluation

☐ *Have available for the site visit review the Quality Improvements/Evaluation (QI/E) goals and objectives.*

☐ *Have available for the site visit review the minutes from the hospital's Quality Improvements/Evaluation meetings.*

☐ *Have available for the site visit the hospital standards of care developed through the Quality Improvements/Evaluation process.*

☐ *Have available for the site visit the hospital policy, which defines the process to delineate privileges credentialing all trauma service physicians.*

☐ *Have available for the site visit a descriptive list(s) of quality indicators or audit filters identified, developed and implemented through the Quality Improvements/Evaluation process.*

☐ *Have available for the site visit the policy describing the peer review process developed and implemented through the Quality Improvements/Evaluation process.*

☐ *Have available for the site visit sample comparisons of patient outcomes with computed survival probability. Describe their significance in the Quality Improvements/Evaluation process.*

☐ *Have available for the site visit the hospital autopsy information on all trauma deaths.*

LEVEL IV TRAUMA CENTER CRITERIA

The following table shows essential components of a Level IV Trauma Center. Essential components categorize service capabilities, which must be met prior to Trauma Center designation. Desirable service capabilities do not affect the designation process. The remaining components listed are informational only and do not affect the designation process.

A. HOSPITAL ORGANIZATION

1. Trauma Service/Program	Essential
2. Trauma Program Director	Essential
3. Trauma Multidisciplinary Committee	Essential
4. Hospital Departments/Divisions/Sections	
a. General Surgery	Essential
b. Neurologic Surgery	
c. Orthopedic Surgery	
d. Emergency Medicine	Desirable
e. Anesthesia	Desirable

B. CLINICAL CAPABILITIES

Specialty Availability

1. In-House 24 Hours/Day:	
a. Emergency Medicine	Essential [1]

[1] *This requirement may be met by a qualified physician who is available on-call from outside the facility. A system must be developed to assure early notification of the physician on-call so that he can be present at the time of arrival of the trauma patient in the emergency department 95% of the time. This standard monitored by the QI process.*

2. On-call and promptly available:	
a. Anesthesiology	Essential [2,3]

[2] *Anesthesia must be promptly available with a mechanism to ensure early notification of the on-call anesthesiologist. Local conditions must be established to determine when the anesthesiologist must be immediately available for airway emergencies and operative management. The availability of the anesthesiologist and the absence of delays in airway control or operative anesthesia must be documented and monitored by the QI process.*

[3] *May be provided by a CRNA under physician supervision. Local conditions must be established to determine when the CRNA must be immediately available for airway emergencies and operative*

management. The availability of the CRNA and the absence in delays in airway control or operative anesthesia must be documented and monitored by the QI process.

b. Cardiac Surgery

c. Cardiology

d. Critical Care Medicine

e. Hand Surgery

f. Infectious Disease

g. Internal Medicine — Desirable

h. Microvascular Surgery (replant/flaps)

i. Neurologic Surgery

j. Obstetric/Gynecologic Surgery — Desirable

k. Ophthalmic Surgery

l. Oral/Maxillofacial/Plastic Surgery

m. Orthopedic Surgery — Desirable

n. Pediatrics

o. Radiology — Desirable

p. Trauma/General Surgery — Essential [4,5]

[4]*The American College of Surgeons Committee on Trauma believes the active involvement of the trauma surgeon is crucial to optimal care of the injured patient in all phases of management, including resuscitation, identification and prioritization of injuries, therapeutic decisions, and operative procedures*

[5]*The general surgeon on-call must be promptly available to respond to the trauma patient. However this level contemplates there may be only one surgeon in the community and may not be available at all times. During these periods when the surgeon is not available, the hospital must notify other facilities that routinely transfer patients to the Level IV Trauma center for emergency surgical services.*

q. Thoracic Surgery

r. Urologic Surgery

s. Vascular Surgery

C. FACILITIES/RESOURCES/CAPABILITIES

1. Emergency Department (ED)

a. Personnel

1) Physician director	Essential
2) Physician who has special competence in care of critically injured, ATLS trained and who is a designated member of the trauma team and is in-house 24 hours/day	Essential [1]
3) Nursing personnel with special capability in trauma care who provide continual monitoring of the trauma patient from hospital arrival to disposition in ICU, OR, ward or transfer to another facility	Essential

b. Equipment for resuscitation for patients of all ages shall include but not be limited to:

1) Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, pocket masks, and oxygen	Essential
2) Pulse oximetry	Essential
3) Suction devices	Essential
4) Electrocardiograph-oscilloscope-defibrillator	Essential
5) Apparatus to establish central venous pressure monitoring	Essential
6) Standard intravenous fluids and administration devices, including large bore intravenous catheters	Essential
7) Sterile surgical sets for	
a. Airway control/Cricothyrotomy	Essential
b. Thoracotomy	Essential
c. Vascular Access	Essential
d. Chest decompression	Essential
e. Peritoneal lavage	
8) Gastric decompression	Essential
9) Drugs necessary for emergency care	Essential
10) X-ray availability 24 hour/day	Essential
11) Two-way communication with vehicles of emergency transport system	Essential

12) Skeletal traction devices including capability for cervical traction — Essential

13) Arterial catheters — Essential

14) Thermal control equipment
- a. For patient — Essential
- b. For blood and fluids — Essential

15) Vascular Doppler — Desirable

16) Rapid infuser system — Desirable

17) Protective equipment — Essential

2. Operating Suite

a. Personnel and Operating Room
Operating room adequately staffed in-house and available 24 hours a day — Desirable

b. Equipment for all ages shall include but not limited to:
1) Cardiopulmonary bypass capability
2) Operating microscope
3) Thermal control equipment
- a. for patinet — Essential
- b. for blood and fluids — Essential

4) X-ray capability including c-arm image intensifier 24 hours a day — Desirable
5) Endoscopes, Bronchoscopes — Desirable
6) Craiotomy instrutments
7) Equipment appropriate for fixation of long bone and pelvic fractures — Desirable
8) Rapid Infuser System — Desirable
9) Cell Saver/Autotransfusor — Desirable
10) Peritoneal Lavage equipment — Essential

3. Postanesthetic recovery room
(surgical intensive care unit is acceptable)
- a. Registered nurses and other essential personnel available 24 hours/day — Essential
- b. Equipment for the continuous monitoring of temperature, hemodynamics and gas exchange — Essential
- c. Equipment for the continuous monitoring of intracranial pressure. — Essential
- d. Pulse oximetry — Essential
- e. Thermal control — Essential

4. Intensive Care Units (ICUs) for trauma patients

It is highly recommended that trauma patients requiring greater than 12 hours of ventilatory support should be transferred to a higher level of care. If a Level IV Trauma Center chooses to keep patients longer, they must meet the following standards:

a. Personnel

1) Designated director	Essential
2) Physician immediately available in-house to respond to the ICU patient 24 hours/day	Desirable

b. Equipment

Appropriate monitoring and resuscitation equipment	Essential

c. Support Services

Immediate access to clinical diagnostic services	Essential

5. Acute hemodialysis capability or transfer protocol

6. Organized burn care

a. Transfer protocol with burn center.	Essential

7. Radiological special capabilities (available 24 hours/day)

a. In-house radiology technician	Essential [6]
b. Angiography	Desirable
c. Sonography	Desirable
d. Nuclear scanning	Desirable
e. Computerized tomography	Desirable
f. Specialty technician	Desirable

[6] *If this requirement is fulfilled by technicians not in-house 24 hours/day, quality improvement must document and monitor that the procedure is promptly available.*

8. Rehabilitation

a. Rehabilitation service staffed by personnel trained in rehabilitation care and equipped properly for acute care of the critically injured patient	Desirable
b. Full in-house service or transfer protocol to a licensed rehabilitation service with demonstrated ability for management of spinal cord injury and/or acute brain injury	Essential

9. Clinical laboratory service (available 24 hours a day)

a. Standard analyses blood, urine, body fluids	Essential
b. Blood typing and cross-matching	Essential

c. Coagulation studies	Essential
d. Comprehensive blood bank or access to a community central blood bank and adequate storage facilities	Essential
e. Blood gases and pH determinations	Essential
f.. Microbiology	Essential
g. Drug screening	Essential
h. Alcohol screening	Essential

D. QUALITY IMPROVEMENT

1. Quality improvement programs	Essential
2. Trauma Registry	Essential
3. Multi-disciplinary morbidity and mortality review	Essential
4. Trauma conference, multi-disciplinary to include pre-hospital, acute care and rehabilitation	Essential
5. Review of pre-hospital trauma care	Essential
6. Times of and reasons for trauma related diversion must be documented and reviewed.	Essential
7. Quality improvement personnel dedicated to the trauma program.	Essential [7]

[7] *May be part of the job description of the Trauma Nurse Coordinator*

E. OUTREACH PROGRAM

1. Epidemiology Research	
a. Conduct trauma related research	
b. Collaborate with other institutions in research.	Desirable
c. Monitor progress of prevention programs	Essential
2. Prevention	
a. Conduct studies in injury control	
b. Designated prevention coordinator	Essential [7]
c. Outreach activities and program development	Essential
d. Information resource	Essential
e. Collaboration with existing national, regional and State programs	Essential

F. CONTINUING EDUCATION

1. Formal programs in continuing education provided for:	
a. Staff/Community Physicians	Essential
b. Nurses	Essential
c. Allied health personnel	Essential

d. Pre-hospital personnel — Essential

G. TRAUMA SERVICE SUPPORT PERSONNEL

1. Trauma Coordinator — Essential